|  |                           |   |                     |   |                  | Application or Docket Number |              |                        |      |                     |                        |  |
|--|---------------------------|---|---------------------|---|------------------|------------------------------|--------------|------------------------|------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective December 29, 1999   |                           |   |                     |   |                  |                              | CG/ 650, 629 |                        |      |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                           |   |                     |   |                  | SMA<br>TYP                   |              | NTITY                  | OR   | OTHER<br>SMALL      |                        |  |
| FC   | DR .                      | NUMBE                                     | NUMBER FILED        |   | NUMBER EXTRA     |                              | Ε            | FEE                    | 1    | RATE                | FEE                    |  |
| BASIC FEE  |                           |   |                     |   |                  |                              |              | 345.00                 | OR   |                     | 690.00                 |  |
| TO   | TAL CLAIMS                | 12  | minus 2             | 0= *  |                  | X\$ 9                        | 1            |                        | OR   | X\$18=              |                        |  |
|  | DEPENDENT CL              |   | minus 3             | 3 =  *                                      |                  | X39                          | =            |                        | OR   | X78=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                           |   |                     |   |                  | +130                         | )=           |                        | OR   | +260=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                           |   |                     |   |                  | TOTA                         |              | ·                      | OR   | TOTAL               | 690                    |  |
| CLAIMS AS AMENDED - PART II  |                           |   |                     |   |                  | •                            | •            |                        | •    | OTHER               |                        |  |
| -  | Compation of South are st | (Column 1)                                | The Company Control | (Column 2)                                  | (Column 3)       | SMA                          | LL E         | NTITY                  | OR   | SMALL               |                        |  |
| AMENDMENT A  |                           | REMAINING<br>AFTER<br>AMENDMENT           |                     | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RATI                         | E            | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDĮ-<br>TIONAL<br>FEE |  |
|  | Total                     | · 12                                      | Minus               | ·· 20                                       | = 7              | X\$ 9                        | =            |                        | OR   | X\$18=              |                        |  |
| AME  | Independent               | * 2                                       | Minus               | ENDENT CLAIM                                | €                | X39:                         | =            |                        | OR   | X78=                |                        |  |
|  | TINOTFICOL                | TALION OF IM                              | JEIN LE DEF         | LIADEIAI OLAIM                              |                  | +130                         | =            |                        | OR   | +260=               |                        |  |
|  |                           | ,   |                     |   |                  | TO <sup>-</sup>              |              |                        | OR , | TOTAL<br>ADDIT. FEE |                        |  |
|  |                           | (Column 1)                                |                     | (Column 2)                                  | (Column 3)       |                              |              |                        | _    |                     |                        |  |
| NDMENT B   |                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATI                         | Ε            | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                     | · //                                      | Minus               | 20  | =                | X\$ 9                        | =            |                        | OR   | X\$18=              |                        |  |
| AMENI  | Independent               | * Z                                       | Minus               | ENDENT CLAIM                                | = 9              | X39=                         | -            |                        | OR   | X78 <sub>=</sub>    |                        |  |
|  | THO THESE                 | TATION OF MA                              | JETH CE DEI         |   |                  | +130                         | =            |                        | OR   | +260=               |                        |  |
|  |                           |   |                     |   |                  | TOT<br>ADDIT. F              |              |                        | OR   | TOTAL<br>ADDIT. FEE |                        |  |
|  |                           | (Column 1)                                |                     | (Column 2)                                  | (Column 3)       | ADDI1.1                      |              |                        |      |                     |                        |  |
| ENT C  |                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                         |              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| <b>AMENDMENT</b>   | Total                     | *   | Minus               | **  | =                | X\$ 9                        | =            |                        | OR   | X\$18=              |                        |  |
|  | Independent               | *   | Minus               | ***   | =                | X39=                         |              |                        | 1    | X78=                |                        |  |
| ۷  | FIRST PRESE               | NTATION OF MI                             | JLTIPLE DEP         | ENDENT CLAIM                                |                  |                              | $\dashv$     |                        | OR   | 770=                |                        |  |
|  |                           |   |                     |   |                  | +130                         | =            |                        | OR   | +260=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                           |   |                     |   |                  |                              |              |                        |      |                     |                        |  |